

Supporting Our Surgical Services Partnership Program

Overview



Improvement | Transparency | Patient Safety | Clinician Leadership | Innovation



What we know...

- Queensland is a great place to live!
- Everyday our teams work hard to provide the best care possible with excellent outcomes
- But...the system isn't perfect for both patients and staff

There is a Way to do Better- Find IT

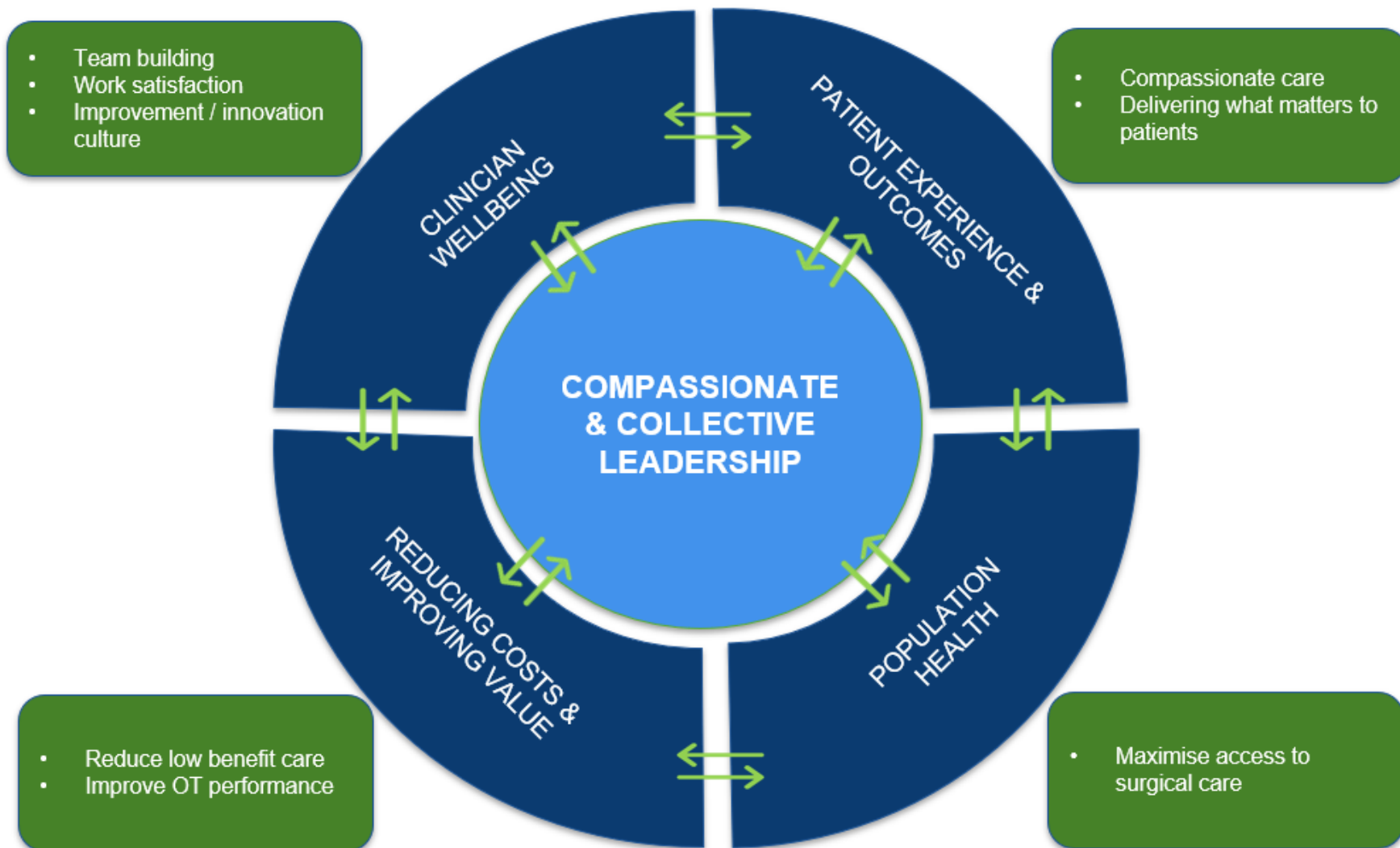
Thomas Alva Edison

It is all our collective responsibility



*You can't solve today's
problems with
yesterday's thinking...*

Albert Einstein



What we are hearing...

- **Surgical Advisory Committee (SAC)**
 - Service continuity challenges for sole provider services
 - Difficulty covering leave in rural/regional areas & sub-specialties
- **GIRFT & Statewide Trauma Evaluation**
 - Referral and repatriation pathways & processes are unclear
 - Lack of peer support and cross HHS collaboration
 - Services and referral pathways are largely dependent on relationships, lacking coordination across the system
- **HHS and Department**
 - Hub and spoke arrangements are not formalised -> governance and accountability
 - Statewide service provision is unclear – ‘Patchwork’ approach
 - Staff burnout

Clinical Services Capability Framework (CSCF)

Recommends service networks are underpinned by documented processes and reviewed at least every three years, e.g:

- defined communication pathways
- clinical criteria for referral and transfer of patients
- referral and transfer processes
- safety and quality indicators

Where we want to be...

Patients Perspective

- The patient is the centre of all we do – collaboration not competition
- Closing the gap health care first world nations peoples.
- Improved equity and consistency of care
- Enabling care closer to home

Clinicians Perspective

- Support of each other for clinician wellbeing.
- Enhance collegiality and peer support across the surgical community
- Education/upskilling opportunity for Regional , rural remote centres
- Quality/Safety/governance. MDT/Audit
- Clear communication lines – ease of transfer

Where we want to be...

HHS/QH System Perspective

- Strong cross-HHS relationships – ‘One Queensland’ patient
- Sustainable services – formalised & coordinated
- Visibility across the system –demand /capacity/capability
- Strong cross-HHS relationships – ‘One Queensland’ patient
- governance and accountability
- Risk mitigation to ensure service continuity- workforce is scarce and dependent on sole practitioners.

It is all our collective responsibility

How to get there...cultural change required one that fosters a rural positive ethos

- **Work as a system**
- Service profiling to understand demand vs capacity vs capability across the system
- Gap analysis and identification of clinician-led models for improving sustainability and better streamlining and coordinating services
- Document and formalise agreed service models and arrangements, including:
 - Referral and repatriation pathways and processes
 - Governance and accountability
- Formal mechanisms for cross-HHS collaboration and peer support

The SOSS Partnership Program

- COO Forum support
- Site visits to North Queensland – Mackay, Cairns, Townsville, Torres & Cape
- Welcome feedback on approach to:
 - Mapping existing services
 - Documenting referral and repatriation pathways and process
 - Gap analysis – service continuity and coordination
 - Implementing clinician-led models for improving sustainability
 - Formalising existing hub and spoke models for surgery

